

High-Throughput DNA Sequencing Order Form

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CONTACT NAME: _____	DATE: _____
PI NAME: _____	PHONE#: _____
E-mail address: _____	FAX#: _____

<u>Sample Name</u>	<u>Volume</u> (10ul Min)	<u>Concentration</u> (nM)	
1. _____	_____	_____	Read Type (circle one) Single / Paired-end Reference Genome (NCBI Accession Number) _____ Primer (circle one) Gen DNA / smRNA / nlaIII / included Read Length (circle one) 36 (Default) / 54 / 72 Are there any constant sequences in your sample, e.g. primer sites, barcodes? (circle one) Yes / No
2. _____	_____	_____	
3. _____	_____	_____	
4. _____	_____	_____	
5. _____	_____	_____	
6. _____	_____	_____	
7. _____	_____	_____	
8. _____	_____	_____	

INVOICE INFORMATION (COMPLETE AS APPROPRIATE)		
1) TUFTS UNIVERSITY Dept ID# _____		Proj/Grant# _____
2) TUFTS UNIVERSITY MEDICAL CENTER COST CENTER #: _____	DEPT: _____	BOX #: _____
3) ALL OTHER INSTITUTIONS		
Company Name: _____		
P.O.# / CC#: _____	EXP.: _____	CVV2*: _____
Mailing Address: _____		

Billing Address: _____		

<small>*The card verification value (CVV2) is a non-embossed number located on your card that cannot be obtained easily by using an imprint of your card or simply copying down the account number. Discover/Visa/MasterCard CVV2 numbers are the last three digits printed in the signature field on the back of your card. American Express CVV2 numbers are four digits long and are printed above the last four digit block on the front of the card.</small>		

Facility Use Only:	# SEQUENCES _____	@ _____
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